UTAH STATE OFFICE OF EDUCATION Special Education 250 East 500 South P.O. Box 144200 Salt Lake City, Utah 84114-4200

SPEECH-LANGUAGE TECHNICIAN APPLICATION ALTERNATIVE LICENSING ROUTE TO A UTAH PROFESSIONAL EDUCATOR LICENSE

Reminder: You must complete a background check before submitting this application.

AN APPLICATION MUST INCLUDE 1) A COMPLETED APPLICATION FORM, 2) CONFIRMATION OF EMPLOYMENT FORM, AND 3) <u>ORIGINAL</u> TRANSCRIPTS. MAIL ALL THREE ITEMS TOGETHER IN <u>ONE</u> ENVELOPE. UNLESS INDICATED BY AN ASTERIK (*), ALL THREE SECTIONS OF THE APPLICATION MUST BE COMPLETED.

PERSONAL DATA				
Last Name	First	Middle	Birth Nam	e
Street Address	City		StateZip Code	
Telephone Da	ate of Birth	CACTUS ID#	Ethnicity*	Gender
E-mail				
US Citizenship: Y	es 🗆 No 🗆			
If no, does your residence	y or visa status pe	ermit employment?	Yes 🗖	No 🗖
Are you currently teachir	ng in a licensed no	osition? If yes please	complete the following	ıo.
School School	Distr		Principal Principal	······································
Teaching Assignment				
0-21+ Speech/Language				

Are you teaching in a licensed position (Please check one) Full Time: Half Time: Less than half time/part time:							
EDUCATION:							
College of University	Degree	Date Received	Major	Minor			
	<u> </u>						
Minimum training to be accepted into the ARL program is a bachelor's degree in communication disorder. Please provide Special Education with an original transcript showing your degree.							
UTAH LICENSE AREA Utah Educator Licenses for a speech-language technician are ages 0-21+ and are based on qualifications obtained through your professional growth plan.							
CONVICTION HISTORY Have you ever been convicted of violating any law (except traffic violations)? You must report Driving Under the Influence convictions. Yes \(\Boxed{\sigma}\) No \(\Boxed{\sigma}\)							
I verify that these statements are true.							
Signature							

If a background check reveals that you have made false statements, your license may be revoked.